INDIVIDUAL ABILITY TO PAY CLAIM

Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly if you feel your situation is not adequately described through the information requested here.

Note: If you are married, information about both your and your spouse's finances must be provided. If you believe any income, expenses, assets, and/or liabilities are strictly attributable to your spouse, please indicate by marking an "S" beside the appropriate figure.

Certification

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the Environmental Protection Agency to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

| 1984 1987 1988 1988 1988 |
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PART I. BACKGROUND INFORMATION

| | | Relationship to Head | Currently |
|------|-----|----------------------|-----------|
| Name | Age | of Household | Employed? |
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| Name | Employer | Length of Employment | Annua Salary |
|------|----------|----------------------|-----------------|
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| Source | Gross (P | Peri | od of Paym | ent (check o | ne) | |
|--|-----------|--------|------------|--------------|-----------|--------|
| | Applicant | Spouse | Weekly | Monthly | Quarterly | Yearly |
| Wages/Salaries | | | | | | |
| Sales Commissions | | | | | | |
| Investment Income (interest, dividends, capital gains, etc.) | | | | | | |
| Net Business Income | | | | | | |
| Rental Income | | · | | | | |
| Retirement Income (Pension, Social Security, etc.) | | | | | | |
| Child Support | | | | | | |
| Alimony | | | | | | |
| Other Income (please itemize) | | | | | | |
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PART II. CURRENT LIVING EXPENSES

Please list personal living expenses which were typical during the last year and indicate if any of these values are likely to change significantly in the current year. Please do not include business expenses. If you are the owner of an operating business, please attachment any available financial statements.

| | | | Period of Payment (check one) | | | |
|-------------------------------------|--------|--|--|-----------|--|---------------------|
| Expense | Amount | Weekly | Monthly | Quarterly | Yearly | For Agency Use Only |
| A. Living Expenses | | | | | | |
| 1. Rent | | | | | | |
| 2. Home maintenance | | | | | | |
| | | | | | | |
| 3. Auto fuel maint./other transp. | | | | | | |
| 4. Utilities | | | | | | |
| a. Fuel (gas,oil,wood,propane) | | <u> </u> | | | | |
| b. Electric | | | | | | |
| c. Water/sewer | | | | | | |
| d. Telephone | | | | | <u> </u> | |
| 5. Food | | | | | | |
| 6. Clothing, personal care | | | | - | | |
| 7. Medical costs | | | | | | |
| B. Debt Payments | | | | | | |
| 1. Mortgage payments | | | <u> </u> | | ļ | |
| 2. Car payments | | | | <u> </u> | | |
| 3. Credit card payments | | <u> </u> | ļ | | | |
| 4. Educational loan payments | | | | | | |
| C. Insurance | | | | | | |
| 1. Household insurance | | | | | | |
| 2. Life insurance | | | | | <u></u> | |
| 3. Automobile insurance | - | | | | | |
| 4. Medical insurance | | | | | | |
| D. Taxes | | | | | | |
| 1. Property taxes | | | | | | |
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| 2. Federal income taxes | | | † | | | |
| 3. State income taxes | | | | | | |
| 4. FICA | | | | | | |
| E. Other Expenses | | | | | | |
| 1. Childcare | | - | | | - | |
| 2. Current School tuition/expenses | | | - | | + | |
| 3. Legal or professional services | | | + | - | + | |
| 4. Other (itemize on separate page) | | | | | | |
| Total Current Expenses | | | | <u> </u> | <u> </u> | |

PART III. NET WORTH

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; if you wish note such items with an "E". If you are the sole proprietor of a business, please list business assets and liabilities, in addition to personal assets and liabilities. Please mark these entries with a "B" to identify them as business assets and liabilities.

| Name of Bank or Credit Union | Type of Account | Current Balance |
|---|--|------------------------|
| | | |
| r Agency Use Only - Total Current Balance in I | Bank Accounts | |
| INVESTMENTS (Stock, Bonds, Mutual Fu EIT), etc.) | unds, Options, Futures, Real Estate In | nvestment Trusts |
| Investment | Number of Shares or Units | Current Market Value |
| | | |
| | | |
| or Agency Use Only - Total Current Market Val | ue of Investments | |
| RETIREMENT FUNDS AND ACCOUNT | | t in company |
| tirement fund, etc.) | <u>, carati in maji di m</u> | Estimated Market Valu |
| Description of A | ccount | Estiliated Market valu |
| | | |
| | | |
| or Agency Use Only - Total Estimated Market | Value of Deticament Funds and | |

| Policy Holder | Issuing Company | Policy Value | Cash Value |
|---|--------------------------------|---------------------------|-------------------|
| Agency Use Only - Total Value of I VEHICLES USED FOR COMM | | icks, Motorcycles, etc. O | mly list up to |
| vehicles used for commuting pur Model | rposes.) Ye: | | ated Market Value |
| Agency Use Only - Total Estimated OTHER VEHICLES (Cars, Tru | | Vehicles, Motor Homes, 1 | Boats, |
| Model | Ye | ear Estim | ated Market Valu |
| r Agency Use Only - Total Estimate PERSONAL PROPERTY (House ecious Metals, etc. Only list items | ehold Goods and Furniture, Jew | .00) | |
| Тур | e of Property | Estim | ated Market Valu |
| | | | |
| | | | |

| Location | Description of Property | Estimated Market Value |
|----------|-------------------------|------------------------|
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| Location | Description of Property | Estimated Market Value |
|----------|-------------------------|------------------------|
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| OTHER ASSETS Type of Asset | Estimated Market Value |
|-----------------------------|------------------------|
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| CREDIT CARDS AND LINES OF C | Owed | To | Balance Du | e |
|---------------------------------------|---------------------------------|---|---------------|--------|
| Credit Card/Line of Credit (Type) | Owcu | 10 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Agency Use Only - Total Balance Due | on Credit Cards and Lines of Cr | redit le la | | |
| VEHICLE LOANS (Cars, Trucks, N | Iotorcycles, Recreation Vehic | les, Motor Homes, Boats, | | |
| rplanes, etc.) | | | Start | En |
| Vehicle (Model and Year) | Owed To | Balance Due | Date | Da |
| | | | | |
| | | | | |
| | | | | : |
| r Agency Use Only - Total Balance Due | on venicle Loans | | | |
| . FURNITURE AND HOUSEHOLD | GOODS LOANS: | | | 1 |
| List Item | Owed To | Balance Due | Start Date | D D |
| | | | | - |
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| Type of Loan | Owed To | Property Secured Against | Balance Due | Start Date | End Dat |
|--------------|---------|--------------------------|----------------|---------------|------------|
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| Owed To | Balance Due | Date | Date |
|---------|-------------|------|------|
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PART IV. ADDITIONAL INFORMATION

Please respond to the following questions. For any question that you answer "Yes," please provide additional information on separate pages or at the bottom of this page.

| | QUESTION | YES | NO |
|----|---|-----|----|
| 1. | Do you have any reason to believe that your financial situation will change during the next year? | | |
| 2. | Are you currently selling or purchasing any real estate? | | |
| 3. | Is anyone (or any entity) holding real or personal property on your behalf (e.g. a trust)? | | |
| 4. | Are you a party in any pending lawsuit? | | |
| 5. | Have any of your belongings been repossessed in the last three years? | | |
| 6. | Are you a Trustee, Executor, or Administrator? | | |
| 7. | Are you a participant or beneficiary of an estate or profit sharing plan? | | |
| 8. | Have you declared bankruptcy in the last seven years? | | |
| 9. | Do you receive any type of federal aid or public assistance? | | |